U.S. APPLICATION	N NO. (If known, see 37	.F.R. 1.50)	INTERNATIONAL APPLICA	TION NO.	ATTORNEYS DOCKET	T NUMBER		
Not Yet Ass		542.	039185-2					
21. The follow	ing fees are submit				CALCULATIONS	PTO USE ONLY		
a) Basic n	ational fee			\$300.00	\$300.00	·		
<b>b</b> ) Examir	nation fee			\$200.00	\$200.00			
c) Search	fee	,		\$500.00	\$500.00			
	TOTAL OF ABO	VE CALCUI	\$1000.00					
Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.								
Total Sheets	Extra sheets	fraction th	Number of each additional 50 or fraction thereof (round up to a whole number)					
8 - 100 =	0 /50 =		· · · · · · · · · · · · · · · · · · ·	x \$250.00	\$			
	130.00 for furnishir I priority date (37 C		\$					
CLAIMS	NUMB	ER FILED	NUMBER EXTRA	RATE		T		
Total claims	-		0	x \$50.00	\$			
Independent claims 1 - 2  MULTIPLE DEPENDENT CLAIM			0	x \$200.00	\$			
MULTIPLE DE			·	+ \$360.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	L		
П			ABOVE CALCUL		\$1000.00 \$			
reduced by		tatus. See 3	7 CFR 1.27. The fees indi	cated above are	The state of the s			
			SU	BTOTAL =	\$1000.00			
	of \$130.00 for furn t claimed priority o		glish translation later than 1.492(f)).	30 months	\$			
			\$1000.00					
	ng the enclosed assi y an appropriate co		\$	\$				
_			\$					
8					Amount to be refunded:	\$ .		
					Amount to be charged:	\$1000.00		
a. A check in the amount of \$ to cover the above fees is enclosed.								
	Please charge my Deposit Account No. 19-2380 in the amount of \$1000.00 to cover the above fees. A duplicate copy of this sheet is enclosed.							
	The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 19-2380. A duplicate copy of this sheet is enclosed.							
	Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.								
SEND ALL CORRE	SPONDENCE TO:		1-200V					
				. S	IGNATURE			
NIXON PEA	ABODY LLP		David S. Safran					
401 9 <sup>th</sup> Street, N.W.				IAME				
Suite 900 Washington,	D.C. 20004-2	128	27,997					
			EGISTRATION NUMBER					

10/542325
Rec'd PCT/PTO ( ) 344 2563

## CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 Application Number 10/542,325 Filing Date 01-09-2006 Richard KRETZ et al. Art Unit Examiner Name 039185-2

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Please change the Correspondence Address for the above in to:   Customer Number  25570  Type Customer Num	<b></b>	Place Customer Number Bar Code Label here							
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Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number									
Type or Printed Name  Signature  Date  David S. Safran, Reg. No. 27,997  Printed Name  January 9, 2006									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total of forms are submitted.									

## CERTIFICATION

I, S V Raman, of 23/52 Gariahat Road, Kolkata – 700 029, do hereby certify that the following 9 pages are a true and correct English translation of the original German document presented under reference number PCT/AT2003/000380.

S V Raman

Authorized Translato

Kolkata, 24 June 2005